Colorado Division of Professions and Occupations 1560 Broadway, Suite 1350, Denver, CO 80202

## ADDRESS / NAME CHANGE / DUPLICATE LICENSE REQUEST

Phone: (303) 894-7800

Fax: (303) 894-7693

\*\* This form is to be used only by licensees regulated by the Division of Professions and Occupations \*\*
DO NOT USE THIS FORM FOR DIVISION OF INSURANCE, DIVISION OF REAL ESTATE, OR DRIVER'S LICENSE ADDRESS CHANGES.

- Consistent with Colorado law, addresses of licensees are made available to the public.
- This address change will be reflected on all licenses that you carry.

1. OLD Name or Mailing Address:							
Please clearly print all requested information below.							
Last Name:			First Name:		Middle Name or Initial:		
Last 4 digits of Social Security Number:		Profession & License Number:		per:		Date of Birth:	
OLD Mailing Address:	PO Box,	D Box, Street:					
This is a ☐ Home ☐ Business	City, State, Zip:						
Phone Number: ( )							
2. NEW Name or Mailing Address: NOTE: You may NOT use this form to request a change of BUSINESS name. A copy of any of the following documentation must accompany a name change request: Marriage License, Divorce Decree, or Court Order. DO NOT SEND ORIGINALS.							
Last Name:	ast Name:		First Name:		Middle Name or Initial:		
NEW Mailing Address: PO Box, Street:							
This is a ☐ Home ☐ Business City, State, Zip:							
Phone Number: ( )				E-mail Address:			
3. Duplicate Wallet License Request (OPTIONAL):  If you want a duplicate wallet license printed with your new name and/or address, check the reason you need a duplicate, sign and date your request, and attach a check or money order for \$5.00 in U.S. dollars drawn on a U.S. bank and made payable to State of Colorado. A new license will be requested for you and should arrive in your mailbox within two weeks.  You are not required to obtain a new license when you change your name or address. This is strictly your choice.  During your next renewal, the renewal notice and license will automatically print with your new name and/or address.  Attach fee of \$5.00 and CHECK ONE REASON BELOW:    Name Change							
statements made herein are					actice act.		
Signature					l	Date	

5. Deliver, fax, or mail this completed form to the ADDRESS ABOVE.